

DRAFT
CONNECTICUT EMS MEDICAL ADVISORY COMMITTEE (CEMSMAC)
AND
EMS CLINICAL COORDINATORS

Location: AHA, 5 Brookside Dr, Wallingford, CT 06492
June 11, 2015
MINUTES

Member Attendees: Kyle McClaine, Richard Kamin, William Begg, Doug Gallo, Jim Castellone (phone), James Parker, Dave Cone

OEMS Staff: Raphael Barishansky, John Spencer

Guests: Mike Zanker, Kevin Burns, David Bailey, Patti Palaie, Robert Grant (phone), Ryan Carter, Joe Larcheveche, Sandy Bogucki, Marielle Daniels, Ian Medoro

Chaired By: Richard Kamin, M.D., and Kyle McClaine, M.D.

TOPIC	DISCUSSION	ACTION
Meeting called to order at 10:00 am	The minutes of the May 2015 CEMSMAC meeting were reviewed.	Motion made to approve the minutes – unanimous approval

<p>DPH/OEMS Report - Raphael Barishansky</p>	<ul style="list-style-type: none"> • Regular Legislative Session finished and Special Session planned with focus on Implementer Bill expected • What was 5907 – Ryan White - process/language moved in to DPH Tech Bill and approved • New 5907 contains the Waterbury Hatzolah supplemental first responder allowance language • 800 – MIH – lots of changes during session – stay tuned to the Implemented for final language <ul style="list-style-type: none"> ○ Funding is mentioned in Governor’s budget (not finalized) but the legislation did not make it out of session formally ○ Given potential for funding but no clear legislative direction it is not sure of future direction. ○ Both Study or a Pilot are possible • Multiple guidance documents expected from OEMS shortly on various statutory changes including: orderly transfer of care, elder abuse, and others. 	
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	<ul style="list-style-type: none">• Alternative Provision process – one hearing in process, two more to be held (KB and Griswold Ambulance) – look to end of July for these hearings• Performance Standards document is continuing to be created• CT EMS Expo – “tremendous success”, >900 attendees per day – thanks given to Dave Bailey, Drs. Kamin and McClaine for speaking.• Kevin Brown (Education Coordinator) has retired from State Service.<ul style="list-style-type: none">○ Position is deemed “critical” so expected to be able to post/hire despite hiring freeze○ Look for posting in next couple weeks• DPH appointments made to Stroke Task Force. First meeting to be held in upcoming weeks.• Question from McClaine re status of Governor’s budget – no specific direction able to be given budget is still in flux – look for• Question from McClaine re potential of Medicaid funding cuts to EMS as seen in the Governor’s budget – not able to give direction	
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	<p>from OEMS</p> <ul style="list-style-type: none"> ○ Discussion from group was that cuts are still possible and a suggestion to please emphasize the significance of these cuts to representatives was put out generally ● AEMT Via Begg: <ul style="list-style-type: none"> ○ Expressed concern over timing of AEMT updates and educational guidelines ○ Question as to when will be available ○ Hartford Hospital <ul style="list-style-type: none"> ▪ Will sunset AEMT within 18 months ▪ Significant resources would have been needed ▪ Little gain in skill sets for their network for effort ▪ Focus on paramedics going forward ● 	
SCT Medication Issue/Overall SCT discussion (Group)	<ul style="list-style-type: none"> ● 9 responses to survey ● Survey sent out again ● Only 2 responders made point of mandating re-training after initial 	<ul style="list-style-type: none"> ● Work will continue ● Expect to continue meeting over the Summer ● Survey to be sent out again to increase response
CT Stroke Systems of Care	<ul style="list-style-type: none"> ● Further discussion on the import of establishing a Stroke System of care. ● Reviewed Region III stroke destination guideline that was recently developed and 	<ul style="list-style-type: none"> ● Will review findings of State Stroke Task Force as well as Region III process as they are available.

	planned for continued refinement	
Meeting schedule over summer (Group)	<ul style="list-style-type: none"> • Discussion re meeting over summer 	<ul style="list-style-type: none"> • Decision to continue to meet over summer with emphasis on not losing traction on ongoing projects – SCT, guidelines, intoxicants • Will potentially cancel full CEMSMAC meeting in July or August if agenda is too light
Regional MAC Reports (regional reps)	<p>Region I – July 7th planed – lunch Region II – No report - plan for September meeting Region III -</p> <ul style="list-style-type: none"> • Stroke destination guideline finalized • Anaphylaxis guideline reviewed/refined • CMED EMD guidelines reviewed/revised. <p>Region IV – No meeting</p> <ul style="list-style-type: none"> • Question re NECOG study – no specifics from McClaine • Region V – june 4th <ul style="list-style-type: none"> ○ MIH – 3 hospitals in region with interest ○ stroke diversion – focus on getting patients to stroke capable facility ○ AEMT anticipation re need for educational materials for current 	<ul style="list-style-type: none"> • Potential for consistent EMD guidelines discussed. Cone to send Kamin what he has done in New Haven area

	<p>services that want to go to current AEMT,</p> <ul style="list-style-type: none"> ○ Cyanokit discussed ○ ketamine discussed – high risk for abuse but potential ○ fentanyl possible ○ ? albuterol in other than paramedic provider 	
Mobile Integrated Healthcare	<ul style="list-style-type: none"> • Summit well received but not well attended. • Qualdigm approached Bailey re MIH initiative –Planning meeting for June 25 at 2pm – looking for EMS involvement, concern re transfer of care/information. 	<ul style="list-style-type: none"> • To remain on the agenda
Statewide Unified Guidelines	<ul style="list-style-type: none"> • Emphasis on creating process that keeps context of guidelines clear and does not hinder or create an onerous process for change/amending. • Current pending regulatory language to be supplied by Ray • Need to focus on creating a process that will support unified practice but not overly hinder or burden a sponsor hospital or region that wants to make a change 	
CMED	<ul style="list-style-type: none"> • New Haven – Current plan for New Haven CMED is to have AMR handle dispatching 	<ul style="list-style-type: none"> • To remain on the agenda.

	<p>for 8 municipalities.</p> <ul style="list-style-type: none"> Valley Shore and NW CMED also picking up municipalities that were served by New Haven CMED 	
SMART Tag Triage	<ul style="list-style-type: none"> Jon Best continues to look at process to refine mass casualty management system in CT that would likely include opportunity to train on SMART Tag system in addition to a broader mass casualty process. 	<ul style="list-style-type: none"> Invitation from Jon Best to interested individuals to participate in mass casualty management review/refinement process. Email to Jonathan.Best@ct.gov if interested in participating.
Intoxicated patient transfer out of typical catchment	<ul style="list-style-type: none"> Potential for statewide development of policy for disposition of intoxicated individuals still under consideration. 	<ul style="list-style-type: none"> Zanker to bring to CCEP/ED directors to better define issue and consider next steps <ul style="list-style-type: none"> Will remain on agenda for further discussion
Adjourned	<ul style="list-style-type: none"> Next CEMSMAC meeting is scheduled for July 9, 2015 @ 10:00 am. <p>***Location to be determined***</p> <p>***Meeting potentially cancelled (as above) if agenda is too light***</p>	

Respectfully submitted: Richard Kamin MD, Kyle McClaine MD